Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$100 late fee. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate \$100 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

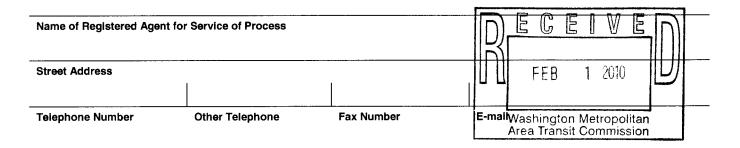
492	Aladdin Travel Services, Inc., t/a ATS Transportation & Limousine					
*WMATC No.	*Name of Carrier (as shown on c	ertificate of authority)				
10901 Connectic	ut Avenue, #300, Kensingtor	n, MD 20895-1647				
*Street Address of F	Principal Place of Business					
Mailing Address (if	different from street address)					
(240) 430-1300		(301) 942-6335	atstransportation@earthlink.net			
*Telephone Number	Other Telephone	Fax Number	E-mail			

CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mrs. Samah S. Gabbani		Manager		
*Name		*Title		
(240) 430-1300	(240) 430-1400	(301) 942-6335	atstransportation@earthlink.net	
*Telephone Number	Other Telephone	Fax Number	E-mail	

3. REGISTERED AGENT $\underline{\sf INSIDE}$ THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*(Complete ONLY if Street Address in item 1 is OUTSIDE Metropolitan District):



the ca	arrier certifi	es that no	Area II	E I V E B - 1 2010 gton Metropolita ansit Commissio		
three list an	options: (1) d return it v	list your v	cles used in wmatc operations ehicles below; (2) make any necessary m; or (3) attach your own vehicle list. *Vehicle VIN (17 digits)	corrections on t	he enclosed	vehicle
(if applicable)	Year પ્રે૦૭૧	Ford	1FTNS24W39DA46096	46482B	MD	8 pay
	2009	I	1FTNS24W99DA46099	464833	MD	8790
	2000	Chevy	1GNDM19W2YB124121	47176B	mD	7pax
I certify th have exar	at this repondenced it, and	ort, includin ad that the	g any attachments, was prepared by moinformation contained in it is true, correct	e or under my si ct, and complete	upervision, tleas of this da	nat I ate.
*Name (Typ	e or Print)		*Signature			
Manage	er		<u> </u>	1.10		

WMATC No: 492

Washington Metropolitan Area Transit Commission

2010 Annual Report: Revenue Vehicle List

Name:

Aladdin Travel Services, Inc.

Trade Name: ATS Transportation & Limousine

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. You may choose from the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list and submit it with your annual report; or (3) attach your own vehicle list. Failure to report revenue vehicles may result in a civil forfeiture.

☐ Check this box if all information on this list is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
1	2001	Chevrolet	1GAGG25RS11174857	43486B	MD	12
2	2002	Dodge	2B7LB31Z22K139568	43488B	MD	7
3	1997	Dodge	2B7KB31Z6VK548625	43487B	MD	7
4	2000	Ford	1FTNS24LXYHA59098	45082B	MD	7
5	2001	Dodge	1B8GP44391B252806	45063B	MD	7

